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ABSTRACT

The typical girl in distress in Israel comes from a Jewish family of oriental origin. Her distress is partially due to the strains of immigrating to Israel from, in most cases, North Africa. Authority models in distressed girls' families feature either the role of the father as the commanding familial authority figure; the mother as the dominant breadwinner; or the older brothers taking control of the family. Upon reaching adolescence, the girl's problems are manifested by states of vagrancy, familial conflict, and medical neglect. This process of moral degeneration operates as a continuum, eventually leading to the girl's running away from home, prostitution, and drug addiction. Methods of treatment aim at improving the girl's self-image and self-esteem, and developing strategies which allow her to positively cope in a difficult social milieu. Outreach programs are necessary to make contact with these girls in an individual or group context. (PPB)

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STATE OF ISRAEL
Ministry of Labour and Social Affairs

GIRLS IN DISTRESS IN ISRAEL

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Introduction

Defining a young female as a "girl in distress" helps us to reach a better understanding of her situation. Such girls sometimes adopt deviant behaviour patterns and may even become delinquents, as a result of behaviour problems. However, the real damage resulting from their behaviour is the harm they cause to themselves; and the most obvious fact about them is their distress.

To assist us in our effort to understand girls in distress in Israel, we shall examine their family profiles, the girls' processes of development and characteristics, the methods of intervention, and the care provided for these girls.

The Family Profile

The typical girl in distress comes from a Jewish family of Oriental origin; the number of girls from Jewish families of Western origin requiring help is very much smaller. It is an interesting fact that of girls in distress of Oriental background, the largest group consists of those from North African Jewish families.

For many of those families, immigrating to Israel proved to be a traumatic experience in several respects: it led to an undermining of family status within society in general; it tended to alter the balance within the family, and to upset the previously existing distribution of intrafamily roles. As a result, we can detect three basic models within the families of girls in distress receiving help:

1) Families in which the father is still a figure commanding familial authority. However, because of the transition trauma, the culture shock, and the undermining of his status in general, his authority expresses itself in aggression towards his wife and children and in draconian control, which includes the use of violence and force.

2) In the second model, we see a mother who works outside the home and serves as the family breadwinner. She is dominant and aggressive. In such cases, her status is high and the father's familial status is very low; he "escapes" through illness or alcohol; or else he escapes quite literally, for instance, by deserting his family. Again control in the family is expressed through violence and aggression.

3) In the third model, which is less common, the grown-up brothers take control of the family while the parents lose their status. In such a family, the girl in distress is dominated by her grown-up brothers, who express their domination through aggression and violence.

The three models have been outlined in their most extreme forms; in actual life, they often overlap. However, the point that must be emphasized is the authoritarian tendency in each of the families concerned, a tendency that expresses itself in the control exercised over the girl in distress through the use of violence and force.

Most of the girls are from very large (at times also multi-problem) families on the lower or lower-middle levels of the socio-economic scale. The parents' educational background is very limited, and the father (or mother, if she works outside the home) has a low-status job.

From a cultural standpoint, differences in fact do exist between the culture to which the family was accustomed before arrival in Israel, on the one hand, and, Israeli culture on the other hand. But while such differences were in the past a source of embarrassment for the girls concerned, the current practice is to call attention to them and even to emphasize them, in a conscious endeavour at replacing the girl's feelings of alienation and shame by those of pride in her own and her family's cultural roots.

Characteristics of the Girl in Distress and the Process of her Development

Although it was present at an earlier age, in latent form, the girl's problem becomes apparent once she reaches adolescence. External symptoms now become visible and can help us to identify the problem. Among external symptoms characteristic of the girl in distress are the following: she exhibits a state of neglect and is a vagrant, she neither attends school nor works, she finds herself in sharp conflict with her family, and she is in a state of sexual neglect. Among such girls, there are many instances of running away from home, of pregnancies out of wedlock and of attempted suicides. The social milieu of the girl in distress is of a marginal nature and of a dubious character; her friends often are not strangers to the use of drugs. We should regard the process of moral degeneration as a continuum at whose most extreme point the girl in

distress engages in prostitution and becomes a drug addict.

The key element in understanding this process of moral degeneration is a low self-esteem, which has evolved during the precesses of growing up and development within three contexts of significance to the girl in distress: her family, her school and her peer group. We know that self-esteem is based on comparison between achievements and ambitions. From a very early age, the girl in distress encounters failure after failure. From the age of 5 or 6, the age at which compulsory education commences in Israel, she experiences one failure after another within a very significant context: the classroom.

School is based on the principle of intellectual achievement, and the girl in distress, unable to achieve success in the intellectual field, becomes introverted and she internalizes her problem, which thus escapes the notice of others. Her reactions are markedly different from those of a boy with a similar problem: he externalizes his problem, causes disturbances in class, breaks things, etc., and is therefore easily spotted for purposes of treatment.

The process of internalizing the problem, while sustaining failure upon failure, has a simultaneous effect on the contexts of the girl's family and her peer group. The girl's family a priori does not expect any achievements as far as she is concerned; as she"confirms" this attitude in her performance at school, she is given various roles within the family to serve as substitutes for achievements at school: taking care of her younger brothers at home, household chores, etc. And, in extreme cases, the girl is invested with the role of serving as the family's scapegoat. She thus becomes a social outcast even in the eyes of her own peer group. Important and formal roles in peer groups are assigned to children who have status and who are achievers; "failures" become marginal figures even within their own peer group.

Thus the girl's self-image of failure is crystallized, becoming a sort of "self-fulfilling prophecy". After the girl has been rejected in the school context, she tries her luck in the job market, but once again without achieving any measure of success. Since no one has developed in her the ability to persevere, her "frustration threshold" is low and easily reached. During this process, the adolescent girl in distress experiences the beginning of physical and sexual development, and finds, for the first time in her life, that she does possess something that others either want or prize. At this point, her descent into the fringes of society and into prostitution is liable to be swift: the conditions in which she has grown up and the relationships she has formed while growing up have not instilled in her the habits of making appropriate

independent decisions, of weighing pros and cons; nor does she possess the ability to postpone gratification and to make long-range plans.

Tensions at home generally increase during adolescence, the more so since her parents are afraid that her developing sexuality will be exploited by others. The parents, therefore, will seek to confine her to the home, in most cases, by violent methods. This pattern generally guarantees that the girl will try to run away, and that the conflict will intensify. The first time that the girl runs away from home signals a critical point in the process of moral degeneration. In most cases, girls in distress return after running away from home in a very shabby state (pregnancy, contacts with a social milieu of dubious character, friendly relations with a pimp, drug addiction, veneral disease, etc.)

This first experience is crucial, for it leads to repetitions. It is as if the girl had a compulsive tendency towards self-destruction and self-inflicted injury. Henceforth, the girl's level of functioning resembles a dizzying merry-go-round within a vicious circle of distress, a circle that bodes ill for her rehabilitation and for the efficiency of social treatment and intervention.

Methods of Treatment and Intervention Involved in Work with Girls in Distress

Work with girls in distress aims at trying to change their behaviour patterns, to change their negative self-image, and to help them to plan their actions so that they can cope with their social environment. Social workers try to achieve these aims by developing the girls' ability to establish stable inter-personal relationships and positive contacts with authorities and service agencies that are in a position to provide needed social service care. Such relationships and contacts <u>can</u> help in the girls' rehabilitation. Since such girls are unable to establish contacts with the various service agencies operating in society, the social workers must take the initiative themselves, i.e., go out into the field to seek out girls in distress. In other words, the procedure in such work is based on "reaching out" although some girls in distress are referred to workers by various social service agencies. It is only when the individual social worker has become a familiar figure in the community, as well as a prominent figure in working with these girls, that the girls themselves ask the worker for help.

The process of "reaching out" involves the worker's learning about the girls' values, norms and behaviour patterns. Thus the worker is able to establish contact with girls in distress and is better equipped to work with them once initial contact has been made. The basic principle serving as a guideline in this work is that of accepting the girl as she is, of avoiding value judgments and of refraining from the application of coercion during treatment. (The contact that develops between the girl and the worker serves the former as a model for other interpersonal relationships.)

Work with girls in distress is carried out in two spheres. The first of these is the individual sphere, in which work is based on discussions of treatment and is aimed at improving the girl's self-image, developing her ability to make decisions and long-range plans, teaching her proper work habits as a preliminary to training or job placement, developing her identity as a woman who sees male figures in a new and positive light (a positive attitude is usually not present because of the family's poor level of functioning), developing her understanding with regard to sexual matters by examining what the girl already knows about sex (usually she has a distorted knowledge about sex), correcting distorted views stemming from prejudices and incorrect attitudes, and providing her with the important facts that will help her understand herself, her body and her role as a woman. The work in the individual sphere also involves referral for general medical treatment (the girls' state of health usually exhibits signs of neglect), specialized gynaecological care, as well as help in the areas of birth control and pregnancy.

The above aspects also appear(with shifts in emphasis) in the second area of care, the group sphere. On the one hand, activities in this sphere involve working within contexts related to the girl: her family, groups of mothers, etc. On the other hand, activities in this sphere involve work with groups of girls within the various functional settings that have been especially established ad hoc. In social service clubs, for example, opportunities are provided for experiencing things together, creating pre-conditions for successful achievements (for the first time in the individual girl's life) within the framework of club activities, improving the girls' ability to express themselves; and developing the girls' sense of belonging. Another type of functional setting combines treatment with vocational training.

Work in both individual and group spheres is reflected within three contexts of treatment, which may be designated as a) open, b) intermediate (receiving and treating girls in serious condition at a shelter and planning further treatment), and c) open and institutional (away from the home entirely). When the girl is removed from her home, she is generally transferred to a smaller setting -- a foster family or a hostel. Treatment within the context of total institutions is provided only in the most serious cases or in accordance with applicable legal requirements.

In each case, the actual methods and tools used in the treatment of such girls must be specifically adjusted to, and based upon, the individual needs of each particular girl in distress.